FACILITY NAME: Stanley Works - Stanley Tools Div.

LOCATION: 425 Frank Street
Fowlerville, MI

I.D. NUMBER: MID059124299

CLASSIFICATION: Late Part A

DATE ASSIGNED: JUL 13 1982

PERSONNEL ASSIGNED
TECHNICAL

LEGAL

STATE COMMENTS

Please print or type with ELITE type (12 characters/inch) in the unshaded areas only.

Form Approved OMB No. 158-S79016
GSA No. 0246-EPA-OT

EPA U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTALLATION'S EPA I.D. NO. MID099124299

I. NAME OF INSTALLATION

II. INSTALLATION MAILING ADDRESS

III. LOCATION OF INSTALLATION

PLEASE PLACE LABEL IN THIS SPACE

000228 AUG 12 80

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law *(Section 3010 of the Resource Conservation and Recovery Act).*

DETACH

FOR OFFICIAL USE ONLY

COMMENTS: C

INSTALLATION'S EPA I.D. NUMBER: S FMID099124299 T/A 2 C 1

APPROVED: A

DATE RECEIVED (yr., mo., & day): 800812

STANLEY WORKS

I. NAME OF INSTALLATION

STANLEY TOOLS DIVISION

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX: 3425 FRANK STREET

CITY OR TOWN: FOWLERVILLE

ST.: MI

ZIP CODE: 48836

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER: 4425 FRANK STREET

CITY OR TOWN: FOWLERVILLE

ST.: MI

ZIP CODE: 48836

IV. INSTALLATION CONTACT

NAME AND TITLE *(last, first, & job title)*: STOCK ALBERT PROD. MGR.

PHONE NO. *(area code & no.)*: 517-223-9154

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER: STANLEY WORKS

B. TYPE OF OWNERSHIP *(enter the appropriate letter into box)*

F = FEDERAL
M = NON-FEDERAL

M

VI. TYPE OF HAZARDOUS WASTE ACTIVITY *(enter "X" in the appropriate box(es))*

- [X] A. GENERATION
- [X] B. TRANSPORTATION *(complete item VII)*
- [X] C. TREAT/STORE/DISPOSE
- [ ] D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION *(transporters only – enter "X" in the appropriate box(es))*

- [ ] A. AIR
- [ ] B. RAIL
- [X] C. HIGHWAY
- [ ] D. WATER
- [ ] E. OTHER *(specify):*

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

- [X] A. FIRST NOTIFICATION
- [ ] B. SUBSEQUENT NOTIFICATION *(complete item C)*

C. INSTALLATION'S EPA I.D. NO.: MID099124299

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

AUG 11 1980

CONTINUE ON REVERSE

D. – FOR OFFICIAL USE ONLY

S													T/A	C
W	M	I	D	0	9	9	1	2	4	2	9	9	2	1
1	2											13	14	15

IX. DESCRIPTION OF HAZARDOUS WASTES *(continued from front)*

A. HAZARDOUS WASTES FROM NON–SPECIFIC SOURCES. Enter the four–digit number from 40 CFR Part 261.31 for each listed hazardous waste from non–specific sources your installation handles. Use additional sheets if necessary.

1	2	3	4	5	6
F006	F007	F008	F009		
7	8	9	10	11	12

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four–digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four–digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
P106					
37	38	39	40	41	42
43	44	45	46	47	48

D. LISTED INFECTIOUS WASTES. Enter the four–digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54

E. CHARACTERISTICS OF NON–LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non–listed hazardous wastes your installation handles. *(See 40 CFR Parts 261.21 – 261.24.)*

☐ 1. IGNITABLE (D001) ☐ 2. CORROSIVE (D002) ☐ 3. REACTIVE (D003) ☐ 4. TOXIC (D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE	NAME & OFFICIAL TITLE *(type or print)*	DATE SIGNED
Albert M. Stark	Production Mgr.	8/5/80

MID 099 124 299 A23

GONZALEZ SAGGIO HARLAN

January 4, 2008

Mr. Juan Thomas
U.S. Environmental Protection Agency
Enforcement & Compliance Assurance Branch
Region 5
77 West Jackson Boulevard
Chicago, IL 60604-3590

VIA DHL OVERNIGHT

Re: Johnson Controls, Inc., Fowlerville, Michigan
Administrative Order on Consent RCRA-05-2003-0004 ("Order")

Dear Mr. Thomas:

Pursuant to Paragraph 7 of the referenced Order, Johnson Controls, Inc. is providing notice that it will transfer a triangular 0.25 acre parcel of the property on the westerly border of the 4.715 acre parcel of property purchased by American Compounding Specialties, LLC ("ACS") in 2005, to ACS on January 9, 2008. This additional transfer came about because ACS desires to expand its existing building on the property it currently owns but, in order to do so, it needs to purchase an additional parcel of land. The notice requirement in Paragraph 7 reads as follows:

> No changes in ownership or corporate or partnership status relating to the facility will alter Johnson Controls, Inc.'s obligations under this Order. Any conveyance of title, easement, or other interest in the facility or a portion of the facility, will not affect Johnson Controls, Inc.'s obligations under this Order. Johnson Controls, Inc. will give written notice of this Order to any successor in interest prior to transferring ownership or operation of the facility or a portion thereof and will notify EPA in writing within five days of the transfer. This written notice will describe how Johnson Controls, Inc. has assured that, despite the transfer, all institutional controls required now or in the future for the facility will be maintained. This paragraph will not apply if EPA and Johnson Controls, Inc. agree and confirm in writing that this Order has terminated as to the facility or any relevant portions of the facility.

As part of the transaction, Johnson Controls will maintain all responsibility for completing its obligation under the Order. The particular language of the transfer agreement applicable to purchaser's cooperation with Johnson Controls states the following:

§ 6.1 Access. After the Closing, upon request by Seller, Purchaser shall provide for and permit such access, at no cost to Seller, as Seller and its employees, agents and contractors may reasonably require to the Property for Remediation activities or other activities necessary to obtain full closure on the site by the DEQ and the United States Environmental Protection Agency. Such access shall include the right to conduct such tests, take such groundwater or soil samples, excavate, remove, dispose of, and treat the soil and groundwater, and undertake such other actions as are reasonably necessary pursuant to such request. Seller shall restore the surface and structures, if any, on the Property to a condition substantially similar to that at the time immediately prior to the action taken by Seller and shall replace or repair damage to Purchaser's equipment and personal property on the Property caused by Seller or its contractors. Seller and its contractors shall not unreasonably disrupt the operations of Purchaser on the Property. Seller or its contractors shall provide Purchaser as much advance notice as reasonably practical of all potentially disruptive or intrusive activities to be undertaken on the Property. No advance notice shall be required for non-disruptive activities such as periodic monitoring of wells on the Property.

§ 6.2 Closure. Seller has commenced the process of "closure" of the site in accordance with DEQ and EPA requirements. After the Closing, Seller will continue to take all steps required by law, with dispatch, for the proper closure on the Property by the DEQ and the EPA, including all Remediation activities required by the DEQ or the EPA. Seller will make all necessary filings with the DEQ and EPA and any other governmental agency having jurisdiction so as to close the site in accordance with all applicable Environmental Laws. To the extent the filings require the assent or the signature of Purchaser, Purchaser shall not unreasonably withhold such assent or signature. Seller shall keep Purchaser informed of the status of the Property and Seller's Remediation activities thereon and shall provide Purchaser with copies of all submissions to governmental agencies. Seller shall be responsible for all costs associated with completion of its obligations pursuant to this Section 6.2.

Consistent with the transfer agreement, Johnson Controls, with ACS's continued cooperation, will work with EPA to complete all necessary activities regarding the facility. ACS's planned building expansion may require the removal of some monitoring wells, including wells in the monitoring program. Wells shall be removed in accordance with state regulation.

The transfer of this property to ACS is significant as it fulfills one of Johnson Controls' main objectives in the remediation, which is to return the property to productive use.

If you have any questions about this correspondence, please feel free to contact me.

Sincerely,

Jesse Paul Padilla

cc: Ms. Laura Saders
Mr. Ted Jankowski

1,6 YES Part A

STANLEY

THE STANLEY WORKS

Since 1843

NEW BRITAIN, CONNECTICUT 06050

June 2, 1981

(203) 225-5111

Mr. Y. J. Kim
EPA Region V
U. S. Environmental Protection Agency
Chicago, Illinois 60690

Dear Mr. Kim:

The Stanley Works, a major manufacturer of builders' hardware, hand tools and fabricated metal products, acquired Hoover Universal of Fowlerville, Michigan on January 11, 1980. The Hoover Universal facility is now a Stanley Tools plant within the Hand Tools Division involved in the fabrication, finishing and plating of zinc die castings.

Stanley Tools - Fowlerville completed the "Notification of Hazardous Waste Activity" form as required under the Hazardous Waste Regulations and received EPA ID# MID099124299. This plant also holds NPDES permit #MI0003727 authorizing the discharge of treated metal finishing wastewater to the Red Cedar River.

Within the framework of this acquisition an in-depth survey of this plant with regard to pollution control was recently completed by The Stanley Works. This survey revealed the necessity of obtaining a permit for the surface impoundments presently in use at Fowlerville as part of the permitted NPDES wastewater treatment system.

As required under the consolidated permit program the necessary applications have been completed and are attached.

Sincerely,

THE STANLEY WORKS

W. L. Butts,
President & General Manager
Stanley Tools Division

bau

JUN 09 1981

JUN 9 1981

ase print or type in the unshaded areas only
/—in areas are spaced for elite type, i.e., 12 characters/inch).

Form Approved OMB No. 158-R0175

FORM 1 GENERAL — EPA

ENVIRONMENTAL PROTECTION AGENCY

GENERAL INFORMATION

Consolidated Permits Program

(Read the "General Instructions" before starting.)

I. EPA I.D. NUMBER: F M I D 0 9 9 1 2 4 2 - 9 3 D

LABEL ITEMS

I. EPA I.D. NUMBER

III. FACILITY NAME

V. FACILITY MAILING ADDRESS

VI. FACILITY LOCATION

PLEASE PLACE LABEL IN THIS SPACE

19 JAN 1984

GENERAL INSTRUCTIONS

If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill—in area below. Also, if any of the preprinted data is absent *(the area to the left of the label space lists the information that should appear)*, please provide it in the proper fill—in area*(s)* below. If the label is complete and correct, you need not complete Items I, III, V, and VI *(except VI-B which must be completed regardless)*. Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold—faced terms.

SPECIFIC QUESTIONS	MARK 'X' YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X	
B. Does or will this facility *(either existing or proposed)* include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)	X		
D. Is this a proposed facility *(other than those described in A or B above)* which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X		X
F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X	
H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	
J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

III. NAME OF FACILITY

1 SKIP: STANLEY TOOLS - FOWLERVILLE

IV. FACILITY CONTACT

A. NAME & TITLE *(last, first, & title)*	B. PHONE *(area code & no.)*
2 STOCK, ALBERT M. PRODUCTION MANAGER	517 223 9154

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX	B. CITY OR TOWN	C. STATE	D. ZIP CODE
3 425 FRANK STREET	4 FOWLERVILLE,	MI	48836

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER	B. COUNTY NAME	C. CITY OR TOWN	D. STATE	E. ZIP CODE	F. COUNTY CODE *(if known)*
5 425 FRANK STREET	LIVINGSTON COUNTY	6 FOWLERVILLE	MI	48836	093

1-11-84 MB

EPA Form 3510-1 (6-80)

JUN 09 1981

CONTINUE ON REVERSE

CONTINUED FROM THE FRONT

#566

YES

VII. SIC CODES (4-digit, in order of priority)

A. FIRST	B. SECOND
3428 (specify) Cutlery, Hand Tools, Hardware, Screw Machine Products, Bolts, and similar products.	(specify)

C. THIRD	D. FOURTH
(specify)	(specify)

VIII. OPERATOR INFORMATION

A. NAME: STANLEY TOOLS - FOWLERVILLE

B. Is the name listed in Item VIII-A also the owner? ☐ YES ☒ NO

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)
F = FEDERAL, S = STATE, P = PRIVATE, M = PUBLIC (other than federal or state), O = OTHER (specify)
P (specify)

D. PHONE (area code & no.): A 517 223 9154

E. STREET OR P.O. BOX: 425 FRANK STREET

F. CITY OR TOWN: B FOWLERVILLE

G. STATE: MI

H. ZIP CODE: 48836

IX. INDIAN LAND

Is the facility located on Indian lands? ☐ YES ☒ NO

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water): 9 N MI0003727

D. PSD (Air Emissions from Proposed Sources): 9 P

B. UIC (Underground Injection of Fluids): 9 U

E. OTHER (specify): 9 (specify)

C. RCRA (Hazardous Wastes): 9 R

E. OTHER (specify): 9 (specify)

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property bounderies. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

B

XII. NATURE OF BUSINESS (provide a brief description)

A

FABRICATION, FINISHING AND PLATING OF ZINC DIE CASTINGS.

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)	B. SIGNATURE	C. DATE SIGNED
RICHARD C. HASTINGS, JR., GROUP VP	Richard C Hastings Jr	June 1, 1981

COMMENTS FOR OFFICIAL USE ONLY

C

Please print or type in the unshaded areas only
(fill—in areas are spaced for elite type, i.e., 12 characters/inch).

Form Approved OMB No. 158-S80004

FORM 3 RCRA

EPA

ENVIRONMENTAL PROTECTION AGENCY

HAZARDOUS WASTE PERMIT APPLICATION

Consolidated Permits Program

(This information is required under Section 3005 of RCRA.)

I. EPA I.D. NUMBER

S													T/A
F	M	I	D	0	9	9	1	2	4	2	9	9	3

1 2 - 13 14

FOR OFFICIAL USE ONLY

APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)	COMMENTS
23	24 - 29	YES #566

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below *(mark one box only)* to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION *(place an "X" below and provide the appropriate date)*

[X] 1. EXISTING FACILITY *(See instructions for definition of "existing" facility. Complete item below.)* — 71

[ ] 2. NEW FACILITY *(Complete item below.)* — 71

C	YR.	MO.	DAY
8	5 0	0 1	0 1
15	73 74	75 76	77 78

FOR EXISTING FACILITIES, PROVIDE THE DATE *(yr., mo., & day)* OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED *(use the boxes to the left)*

YR.	MO.	DAY
73 74	75 76	77 78

FOR NEW FACILITIES, PROVIDE THE DATE *(yr., mo., & day)* OPERATION BEGAN OR IS EXPECTED TO BEGIN

B. REVISED APPLICATION *(place an "X" below and complete Item I above)*

[ ] 1. FACILITY HAS INTERIM STATUS — 72

[ ] 2. FACILITY HAS A RCRA PERMIT — 72

III. PROCESSES – CODES AND DESIGN CAPACITIES

A. **PROCESS CODE** – Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process *(including its design capacity)* in the space provided on the form *(Item III-C).*

B. **PROCESS DESIGN CAPACITY** – For each code entered in column A enter the capacity of the process.

1. AMOUNT – Enter the amount.
2. UNIT OF MEASURE – For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:		
CONTAINER *(barrel, drum, etc.)*	S01	GALLONS OR LITERS
TANK	S02	GALLONS OR LITERS
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS
Disposal:		
INJECTION WELL	D79	GALLONS OR LITERS
LANDFILL	D80	ACRE-FEET *(the volume that would cover one acre to a depth of one foot)* OR HECTARE-METER
LAND APPLICATION	D81	ACRES OR HECTARES
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS
Treatment:		
TANK	T01	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
OTHER *(Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)*	T04	GALLONS PER DAY OR LITERS PER DAY

UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G
LITERS	L
CUBIC YARDS	Y
CUBIC METERS	C
GALLONS PER DAY	U
LITERS PER DAY	V
TONS PER HOUR	D
METRIC TONS PER HOUR	W
GALLONS PER HOUR	E
LITERS PER HOUR	H
ACRE-FEET	A
HECTARE-METER	F
ACRES	B
HECTARES	Q

EXAMPLE FOR COMPLETING ITEM III *(shown in line numbers X-1 and X-2 below):* A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

S		T/A	C
C	DUP		1

1 2 - 13 14 15

LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY 1. AMOUNT (specify)	B. PROCESS DESIGN CAPACITY 2. UNIT OF MEASURE (enter code)	FOR OFFICIAL USE ONLY	LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY 1. AMOUNT	B. PROCESS DESIGN CAPACITY 2. UNIT OF MEASURE (enter code)	FOR OFFICIAL USE ONLY
	16 - 18	19 - 27	28	29 - 32		16 - 18	19 - 27	28	29 -
X-1	S 0 2	600	G		5				
X-2	T 0 3	20	E		6				
1	S 0 4	660,000	G		7				
2	T 0 1	629,600	U		8				
3	S 0 1	55	G		9				
4					10				

JUN 09 1981

Continued from the front.

III. PROCESSES *(continued)*

C. SPACE FOR ADDITIONAL PROCESS CODES OF R DESCRIBING OTHER PROCESSES *(code "T0· "OR EACH PROCESS ENTERED HERE* INCLUDE DESIGN CAPACITY.

IV. DESCRIPTION OF HAZARDOUS WASTES

A. **EPA HAZARDOUS WASTE NUMBER** — Enter the four—digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four—digit number*(s)* from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. **ESTIMATED ANNUAL QUANTITY** — For each **listed waste** entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each **characteristic** or **toxic contaminant** entered in column A estimate the total annual quantity of all the non—listed waste*(s)* that will be handled which possess that characteristic or contaminant.

C. **UNIT OF MEASURE** — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS	P	KILOGRAMS	K
TONS	T	METRIC TONS	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. **PROCESSES**

1. PROCESS CODES:
   For listed hazardous waste: For each **listed** hazardous waste entered in column A select the code*(s)* from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.
   For non—listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code*(s)* from the list of process codes contained in Item III to indicate **all** the processes that will be used to store, treat, and/or dispose of all the non—listed hazardous wastes that possess that characteristic or toxic contaminant.
   Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code*(s)*.

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B,C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV *(shown in line numbers X-1, X-2, X-3, and X-4 below)* — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non—listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES 1. PROCESS CODES (enter)	D. PROCESSES 2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

Continued from page 2.
NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

Form Approved OMB No. 158-S80004

EPA I.D. NUMBER (enter from page 1)

S													T/A	C
W	M	I	D	0	9	9	1	2	4	2	9	9	3	1

FOR OFFICIAL USE ONLY

S													T/A	C	
W	D	U	P											2	DUP

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES 1. PROCESS CODES (enter)				D. PROCESSES 2. PROCESS DESCRIPTION (if a code is not entered in D(1))
1	F006	800	T	T01	S04			
2	F007	15,000	T	T01				
3	F009	600	T	T01				
4	D007	220	T	T01	S01			
5	D007	7,450	T	T01				
6	D002	500	T	T01				
7								
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24								
25								
26								

EPA Form 3510-3 (6-80)

CONTINUE ON REVERSE

(enter "A", "B", "C", etc. behind the "3" to identify photocopied pages)

Continued from the front.

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE

566
GES

EPA I.D. NO. (enter from page 1)

S F	M	I	D	0	9	9	1	2	4	2	9	9	T/A 3	C 6
1	2											13	14	15

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility *(see instructions for more detail).* A

VI. PHOTOGRAPHS

All existing facilities must include photographs *(aerial or ground–level)* that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas *(see instructions for more detail).* B

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)			LONGITUDE (degrees, minutes, & seconds)		
4 2	3 9	3 5 0	0 8 4	0 4	4 5.0
65 66	67 68	69 - 71	72 - 74	75 76	77 - 79

VIII. FACILITY OWNER

☐ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER	2. PHONE NO. (area code & no.)
C E THE STANLEY WORKS	2 0 3 - 2 2 5 - 5 1 1 1
15 16 - 55	56 - 58 59 - 61 62 - 65

3. STREET OR P.O. BOX	4. CITY OR TOWN	5. ST.	6. ZIP CODE
C F 195 LAKE STREET	C G NEW BRITAIN	C T	0 6 0 5 0
15 16 - 45	15 16 - 40	41 47	47 - 51

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED
RICHARD C. HASTINGS, JR., GROUP VP	Richard C Hastings Jr	June 1, 1981

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED
EUGENE CARPENTIER, PLANT MANAGER	E Carpentier	5/29/81

Please print or type in the unshaded areas only
(fill—in areas are spaced for elite type, i.e., [illegible] characters/inch).

Form Approved OMB No. 158-S80004

FORM 3 RCRA

EPA

U.S. ENVIRONMENTAL PROTECTION AGENCY

HAZARDOUS WASTE PERMIT APPLICATION

Consolidated Permits Program

(This information is required under Section 3005 of RCRA.)

I. EPA I.D. NUMBER

F M I D 0 9 9 1 2 4 2 9 9

FOR OFFICIAL USE ONLY

APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)	COMMENTS
		YES #566

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below *(mark one box only)* to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION *(place an "X" below and provide the appropriate date)*

[X] 1. EXISTING FACILITY *(See instructions for definition of "existing" facility. Complete item below.)*

[ ] 2. NEW FACILITY *(Complete item below.)*

FOR EXISTING FACILITIES, PROVIDE THE DATE *(yr., mo., & day)* OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED *(use the boxes to the left)*

YR.	MO.	DAY
50	01	01

FOR NEW FACILITIES, PROVIDE THE DATE *(yr., mo., & day)* OPERATION BEGAN OR IS EXPECTED TO BEGIN

YR.	MO.	DAY

B. REVISED APPLICATION *(place an "X" below and complete Item I above)*

[ ] 1. FACILITY HAS INTERIM STATUS

[ ] 2. FACILITY HAS A RCRA PERMIT

III. PROCESSES – CODES AND DESIGN CAPACITIES

A. PROCESS CODE – Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code*(s)* in the space provided. If a process will be used that is not included in the list of codes below, then describe the process *(including its design capacity)* in the space provided on the form *(Item III-C)*.

B. PROCESS DESIGN CAPACITY – For each code entered in column A enter the capacity of the process.

1. AMOUNT – Enter the amount.
2. UNIT OF MEASURE – For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:		
CONTAINER *(barrel, drum, etc.)*	S01	GALLONS OR LITERS
TANK	S02	GALLONS OR LITERS
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS
Disposal:		
INJECTION WELL	D79	GALLONS OR LITERS
LANDFILL	D80	ACRE-FEET *(the volume that would cover one acre to a depth of one foot)* OR HECTARE-METER
LAND APPLICATION	D81	ACRES OR HECTARES
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Treatment:		
TANK	T01	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
OTHER *(Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)*	T04	GALLONS PER DAY OR LITERS PER DAY

UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G
LITERS	L
CUBIC YARDS	Y
CUBIC METERS	C
GALLONS PER DAY	U
LITERS PER DAY	V
TONS PER HOUR	D
METRIC TONS PER HOUR	W
GALLONS PER HOUR	E
LITERS PER HOUR	H
ACRE-FEET	A
HECTARE-METER	F
ACRES	B
HECTARES	Q

EXAMPLE FOR COMPLETING ITEM III *(shown in line numbers X-1 and X-2 below)*: A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

C DUP 1

LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY 1. AMOUNT (specify)	B. PROCESS DESIGN CAPACITY 2. UNIT OF MEASURE (enter code)	FOR OFFICIAL USE ONLY
X-1	S02	600	G	
X-2	T03	20	E	
1	S04	660,000	G	
2	T01	629,600	U	
3	S01	55	G	
4				
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10				

JUN 09 1981

Continued from the front.

III. PROCESSES *(continued)*

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES *(code "T04")*. FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

IV. DESCRIPTION OF HAZARDOUS WASTES

A. EPA HAZARDOUS WASTE NUMBER – Enter the four–digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four–digit number*(s)* from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY – For each **listed waste** entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each **characteristic** or **toxic contaminant** entered in column A estimate the total annual quantity of all the non–listed waste*(s)* that will be handled which possess that characteristic or contaminant.

C. UNIT OF MEASURE – For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS	P	KILOGRAMS	K
TONS	T	METRIC TONS	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES

1. PROCESS CODES:
   For listed hazardous waste: For each **listed** hazardous waste entered in column A select the code*(s)* from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.
   For non–listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code*(s)* from the list of process codes contained in Item III to indicate **all** the processes that will be used to store, treat, and/or dispose of all the non–listed hazardous wastes that possess that characteristic or toxic contaminant.
   Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code*(s)*.

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER – Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B,C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV *(shown in line numbers X-1, X-2, X-3, and X-4 below)* – A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non–listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES 1. PROCESS CODES (enter)	D. PROCESSES 2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

Continued from page 2.
NOTE: Photocopy this page before complet[illegible] you have more than 26 wastes to list.

Form Approved OMB No. 158-S80004

EPA I.D. NUMBER (enter from page 1)

W	M	I	D	0	9	9	1	2	4	2	9	9	T/A	C
														1

FOR OFFICIAL USE ONLY

S													T/A	C	
W	D	U	P											2	DUP

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES 1. PROCESS CODES (enter)	D. PROCESSES 2. PROCESS DESCRIPTION (if a code is not entered in D(1))
1	F006	800	T	T01 S04	
2	F007	15,000	T	T01	
3	F009	600	T	T01	
4	D007	220	T	T01 S01	
5	D007	7,450	T	T01	
6	D002	500	T	T01	
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8					
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10					
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V. DESCRIPTION OF HAZARDOUS WASTE (continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

566
GES

EPA I.D. NO. (enter from page 1)

F	M	I	D	0	9	9	1	2	4	2	9	9		6
1	2											13	14	15

V. FACILITY DRAWING

All **existing** facilities must include in the space provided on page 5 a scale drawing of the facility *(see instructions for more detail).*

VI. PHOTOGRAPHS

All existing facilities must include photographs *(aerial or ground—level)* that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas *(see instructions for more detail).*

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)			LONGITUDE (degrees, minutes, & seconds)		
42	39	35.0	084	04	45.0
65 66	67 68	69 - 71	72 - 74	75 76	77 - 79

VIII. FACILITY OWNER

☐ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER	2. PHONE NO. (area code & no.)
E THE STANLEY WORKS	203 - 225 - 5111
15 16 55	56 - 58 59 - 61 62 - 65

3. STREET OR P.O. BOX	4. CITY OR TOWN	5. ST.	6. ZIP CODE
F 195 LAKE STREET	G NEW BRITAIN	CT	06050
15 16 45	15 16 40	41 42	47 - 51

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED
RICHARD C. HASTINGS, JR., GROUP VP	Richard C Hastings Jr	June 1, 1981

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)	B. SIGNATURE	C. DATE SIGNED
EUGENE CARPENTIER, PLANT MANAGER	E Carpentier	5/29/81

RCRA | EPA

HAZARDOUS WASTE PERMIT APPLICATION

Consolidated Permits Program

(This information is required under Section 3005 of RCRA.)

I. EPA I.D. NUMBER: F M I D 0 9 9 1 2 4 2 9 9

FOR OFFICIAL USE ONLY

APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)	COMMENTS

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below *(mark one box only)* to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION *(place an "X" below and provide the appropriate date)*

☐ 1. EXISTING FACILITY *(See instructions for definition of "existing" facility. Complete item below.)*

☐ 2. NEW FACILITY *(Complete item below.)*

FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED *(use the boxes to the left)*

YR.	MO.	DAY

FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN

YR.	MO.	DAY

B. REVISED APPLICATION *(place an "X" below and complete Item I above)*

☒ 1. FACILITY HAS INTERIM STATUS

☐ 2. FACILITY HAS A RCRA PERMIT

III. PROCESSES — CODES AND DESIGN CAPACITIES

A. PROCESS CODE — Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process *(including its design capacity)* in the space provided on the form *(Item III-C)*.

B. PROCESS DESIGN CAPACITY — For each code entered in column A enter the capacity of the process.

1. AMOUNT — Enter the amount.
2. UNIT OF MEASURE — For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:		
CONTAINER *(barrel, drum, etc.)*	S01	GALLONS OR LITERS
TANK	S02	GALLONS OR LITERS
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS
Disposal:		
INJECTION WELL	D79	GALLONS OR LITERS
LANDFILL	D80	ACRE-FEET *(the volume that would cover one acre to a depth of one foot)* OR HECTARE-METER
LAND APPLICATION	D81	ACRES OR HECTARES
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS
Treatment:		
TANK	T01	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
OTHER *(Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)*	T04	GALLONS PER DAY OR LITERS PER DAY

UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G
LITERS	L
CUBIC YARDS	Y
CUBIC METERS	C
GALLONS PER DAY	U
LITERS PER DAY	V
TONS PER HOUR	D
METRIC TONS PER HOUR	W
GALLONS PER HOUR	E
LITERS PER HOUR	H
ACRE-FEET	A
HECTARE-METER	F
ACRES	B
HECTARES	Q

EXAMPLE FOR COMPLETING ITEM III *(shown in line numbers X-1 and X-2 below)*: A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

C DUP 1

LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY 1. AMOUNT (specify)	B. PROCESS DESIGN CAPACITY 2. UNIT OF MEASURE (enter code)	FOR OFFICIAL USE ONLY
X-1	S02	600	G	
X-2	T03	20	E	
1	T02	184,000	U	
2	S04	400,000	G	
3				
4				

LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY 1. AMOUNT	B. PROCESS DESIGN CAPACITY 2. UNIT OF MEASURE (enter code)	FOR OFFICIAL USE ONLY
5				
6				
7				
8				
9				
10				

CONTINUE ON REVERSE

..PROCESSES (continued)

SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

V. DESCRIPTION OF HAZARDOUS WASTES

EPA HAZARDOUS WASTE NUMBER — Enter the four—digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four—digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

ESTIMATED ANNUAL QUANTITY — For each **listed waste** entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each **characteristic** or **toxic contaminant** entered in column A estimate the total annual quantity of all the non—listed waste(s) that will be handled which possess that characteristic or contaminant.

UNIT OF MEASURE — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE	METRIC UNIT OF MEASURE	CODE
POUNDS	P	KILOGRAMS	K
TONS	T	METRIC TONS	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

PROCESSES

1. PROCESS CODES:

For listed hazardous waste: For each **listed** hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non—listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non—listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

OTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by ore than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B,C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

XAMPLE FOR COMPLETING ITEM IV *(shown in line numbers X-1, X-2, X-3, and X-4 below)* — A facility will treat and dispose of an estimated 900 pounds er year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non—listed wastes. Two wastes e corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 00 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

NO.	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE (enter code)	D. PROCESSES 1. PROCESS CODES (enter)	D. PROCESSES 2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K054	900	P	T03 D80	
X-2	D002	400	P	T03 D80	
X-3	D001	100	P	T03 D80	
X-4	D002				included with above

NOTE: Photocopy this page before completing if you have more than 26 wastes to list.

Form Approved OMB No. 158-S80004

EPA I.D. NUMBER (enter from page 1)	T/A	C	FOR OFFICIAL USE ONLY	T/A	C	
W M I D 0 9 9 1 2 4 2 9 9		1	W DUP		2	DUP

IV. DESCRIPTION OF HAZARDOUS WASTES *(continued)*

LINE NO.	A. EPA HAZARD. WASTE NO. *(enter code)*	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEASURE *(enter code)*	D. PROCESSES 1. PROCESS CODES *(enter)*	D. PROCESSES 2. PROCESS DESCRIPTION *(if a code is not entered in D(1))*
1	F006	1322	T	T02 S04	
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					

. USE THIS SPACE TO LIST ADDITIONAL . OCESS CODES FROM ITEM D(1) ON PAGE

EPA I.D. NO. *(enter from page 1)*

M	I	D	0	9	9	1	2	4	2	9	9	T/A	C
													6

. FACILITY DRAWING

ll existing facilities must include in the space provided on page 5 a scale drawing of the facility *(see instructions for more detail).*

I. PHOTOGRAPHS

All existing facilities must include photographs *(aerial or ground–level)* that clearly delineate all existing structures; existing storage, reatment and disposal areas; and sites of future storage, treatment or disposal areas *(see instructions for more detail).*

II. FACILITY GEOGRAPHIC LOCATION

LATITUDE *(degrees, minutes, & seconds)*	LONGITUDE *(degrees, minutes, & seconds)*
42 39 350	084 04 450

III. FACILITY OWNER

☐ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER	2. PHONE NO. *(area code & no.)*
THE STANLEY WORKS	203-225-5111

3. STREET OR P.O. BOX	4. CITY OR TOWN	5. ST.	6. ZIP CODE
1000 STANLEY DRIVE	C G NEW BRITAIN	CT	06050

X. OWNER CERTIFICATION

certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached ocuments, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the ubmitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, ncluding the possibility of fine and imprisonment.

A. NAME *(print or type)*	B. SIGNATURE	C. DATE SIGNED
Richard F. Krug Group Vice President	Richard F. Krug	11/9/84

. OPERATOR CERTIFICATION

certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached ocuments, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the ubmitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, ncluding the possibility of fine and imprisonment.

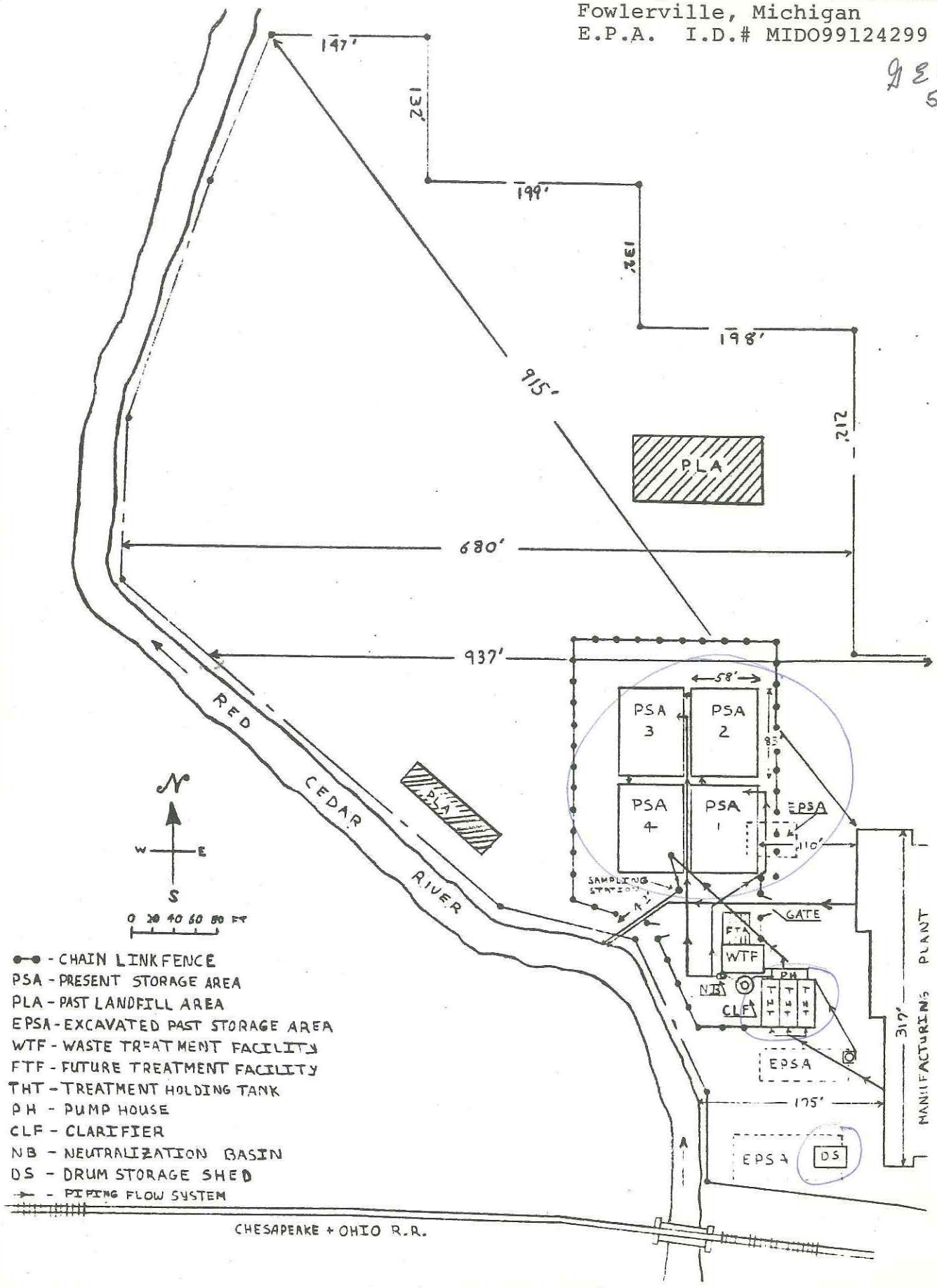
A. NAME *(print or type)*	B. SIGNATURE	C. DATE SIGNED
Charles S. Gentsch Vice President – Mfg.	Charles S. Gentsch	11/9/84

Form Approved OMB No. 158-S80004

FACILITY DRAWING *(see page 4)*

Stanley Tools - Fowlerville
Fowlerville, Michigan
E.P.A. I.D.# MID099124299

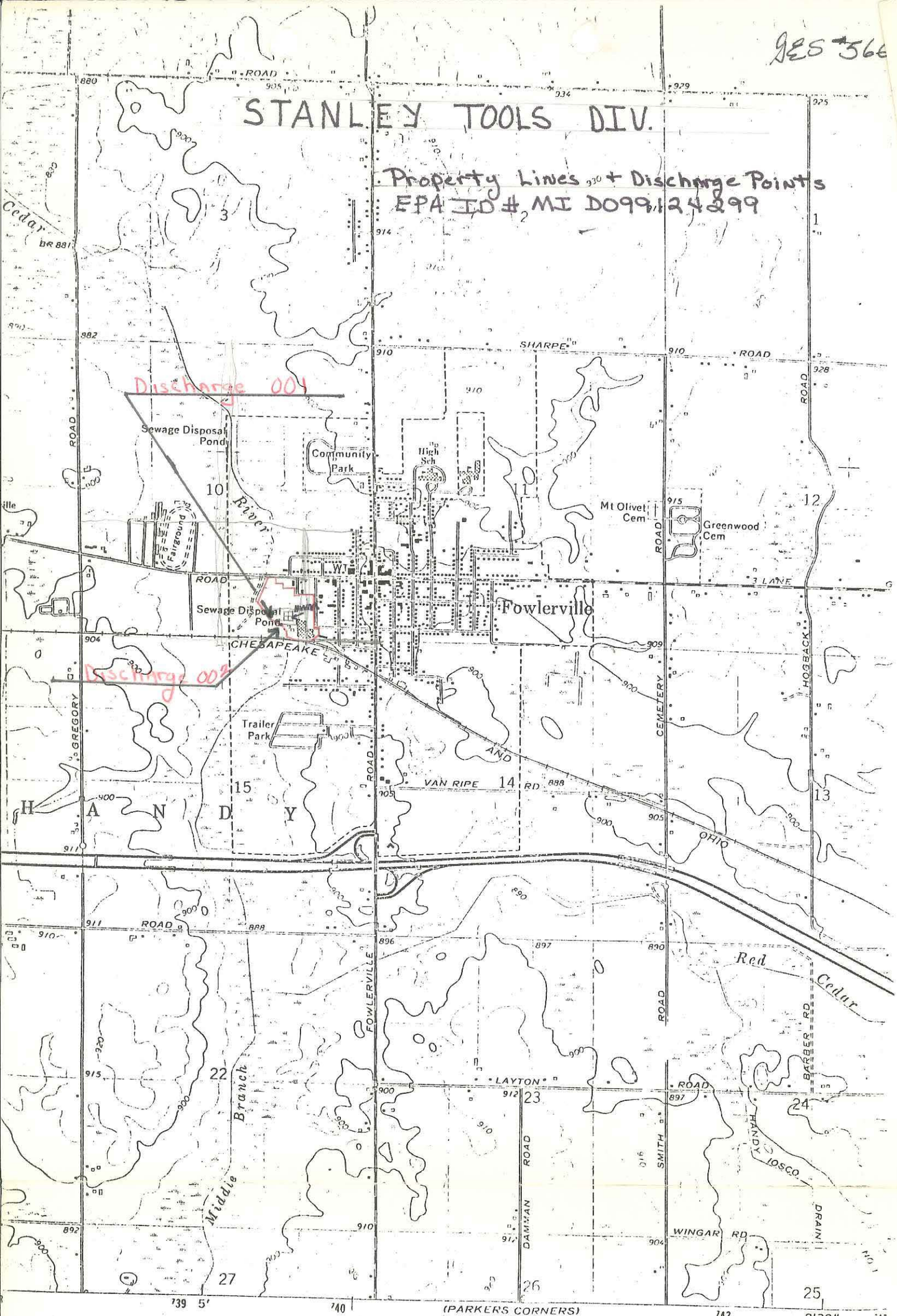
GES
566



GES 366

STANLEY TOOLS DIV.

Property Lines + Discharge Points
EPA ID # MI D099124299



566

STANLEY

THE STANLEY WORKS

Since 1843

NEW BRITAIN, CONNECTICUT 06050

June 2, 1981

(203) 225-5111

Mr. Y. J. Kim
EPA Region V
U. S. Environmental Protection Agency
Chicago, Illinois 60690

Dear Mr. Kim:

The Stanley Works, a major manufacturer of builders' hardware, hand tools and fabricated metal products, acquired Hoover Universal of Fowlerville, Michigan on January 11, 1980. The Hoover Universal facility is now a Stanley Tools plant within the Hand Tools Division involved in the fabrication, finishing and plating of zinc die castings.

Stanley Tools - Fowlerville completed the "Notification of Hazardous Waste Activity" form as required under the Hazardous Waste Regulations and received EPA ID# MID099124299. This plant also holds NPDES permit #MI0003727 authorizing the discharge of treated metal finishing wastewater to the Red Cedar River.

Within the framework of this acquisition an in-depth survey of this plant with regard to pollution control was recently completed by The Stanley Works. This survey revealed the necessity of obtaining a permit for the surface impoundments presently in use at Fowlerville as part of the permitted NPDES wastewater treatment system.

As required under the consolidated permit program the necessary applications have been completed and are attached.

Sincerely,

THE STANLEY WORKS

W. L. Butts,
President & General Manager
Stanley Tools Division

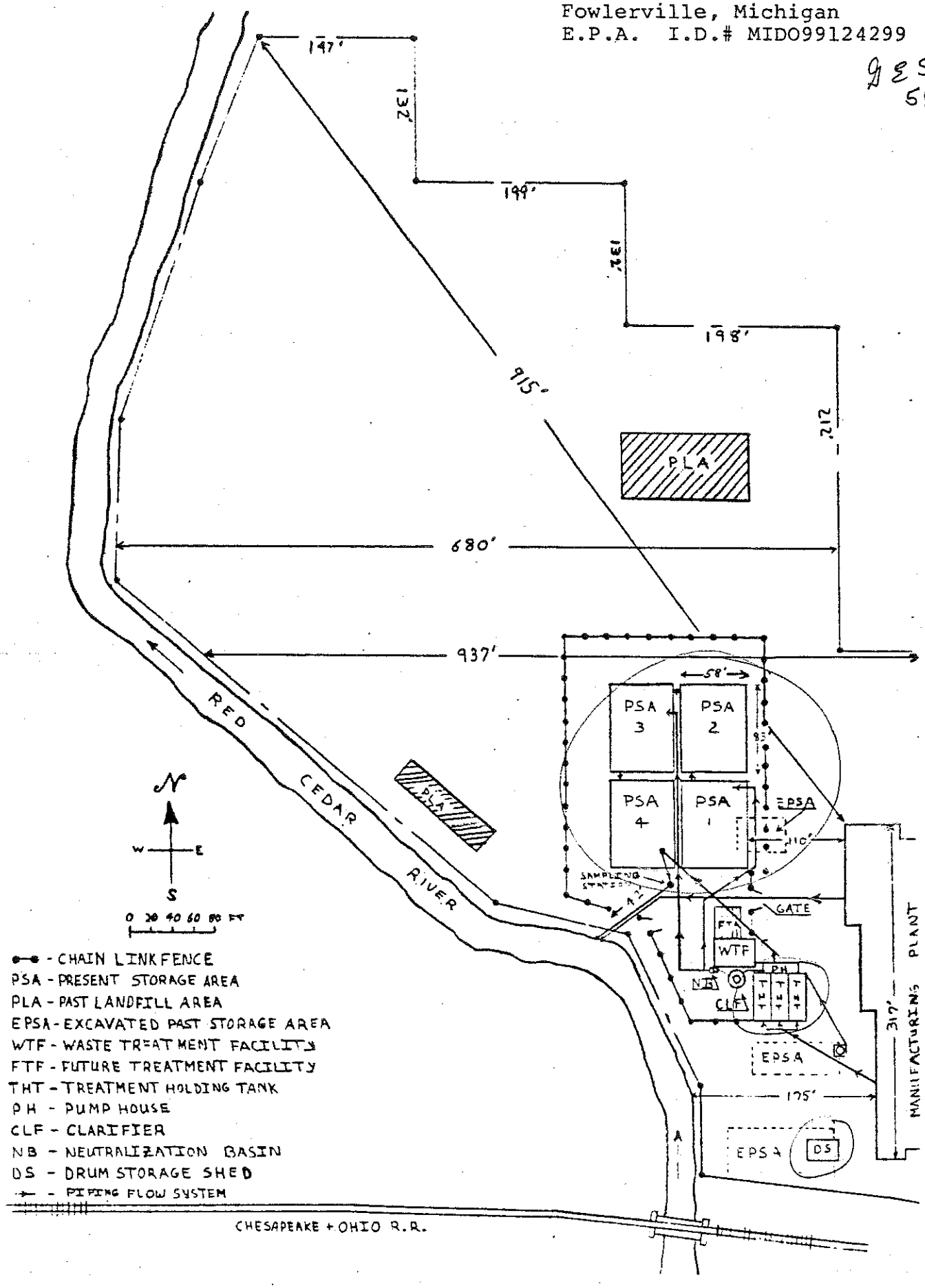
bau

JUN 9 1981

JUN 09 1981

Sta..ey Tools - Fowlerville
Fowlerville, Michigan
E.P.A. I.D.# MIDO99124299

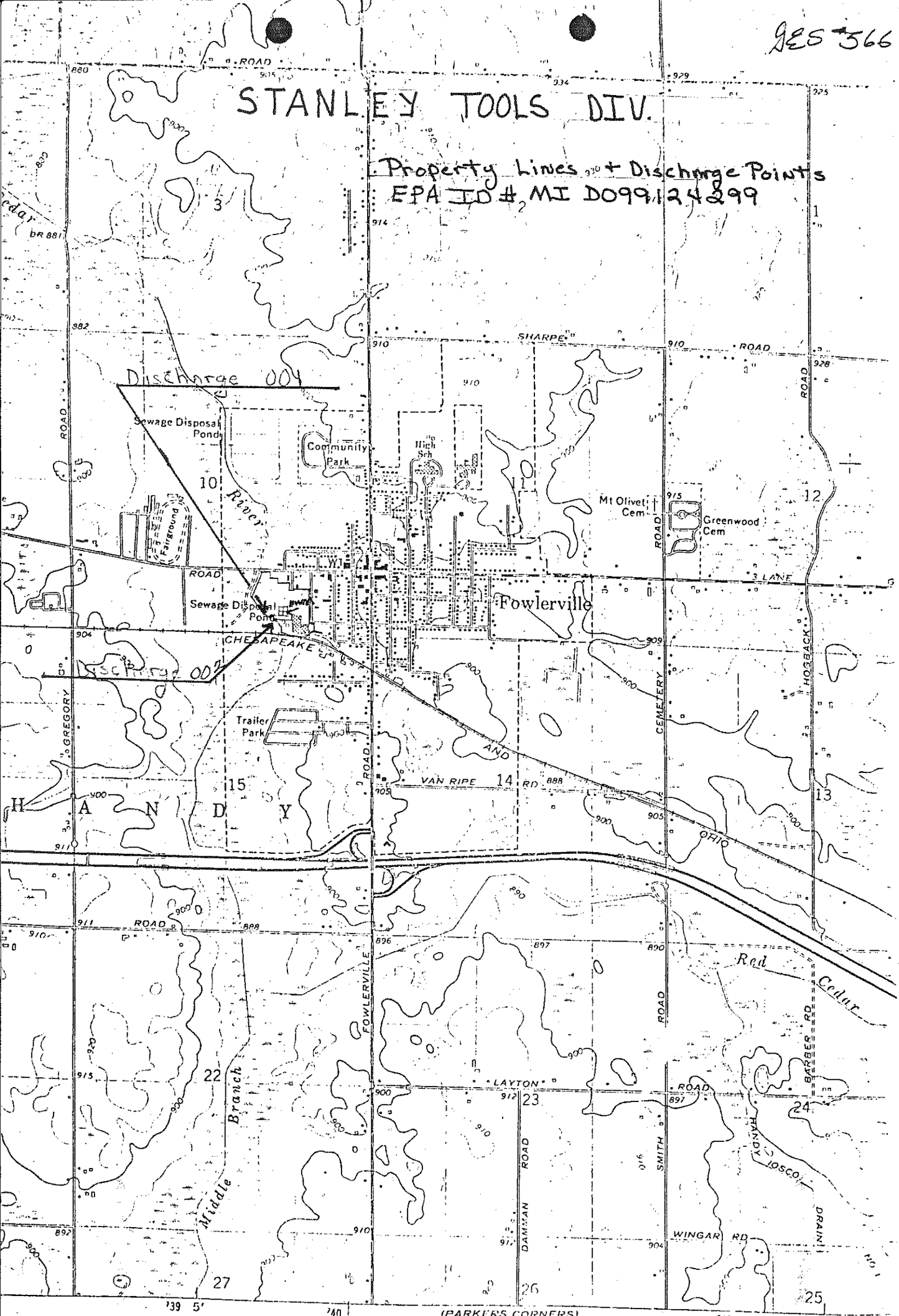
GES
566



GES 366

STANLEY TOOLS DIV.

Property Lines + Discharge Points
EPA ID #, MI D0991244299



SCALE 1:24 000

1 MILE
1000 0 1000 2000 3000 4000 5000 6000 7000 FEET
1 .5 0 KILOMETRE

CONTOUR INTERVAL 10 FEET
NATIONAL GEODETIC VERTICAL DATUM OF 1929

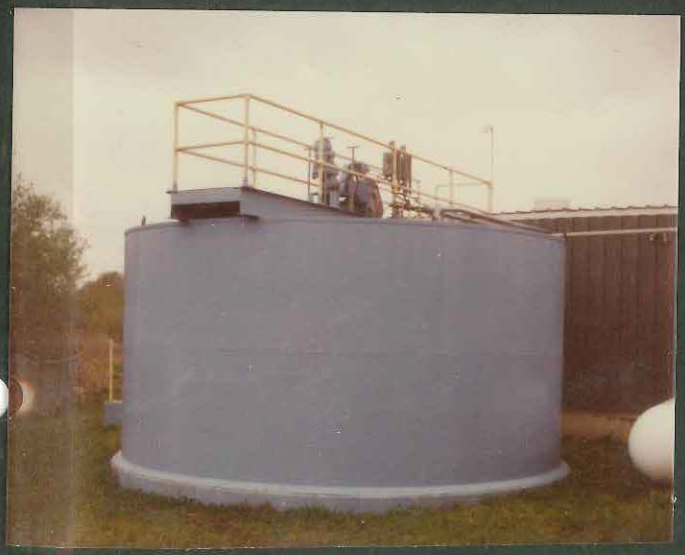
MN GN
3° 53 MILS 1°59' 35 MILS

UTM GRID AND 1973 MAGNETIC NORTH DECLINATION AT CENTER OF SHEET

THIS MAP COMPLIES [illegible]

Stanley Tools - Fowlerville
Fowlerville, Michigan
EPA ID# MID099124299
Facility Photograph

Stanley Tools - Fowlerville
Fowlerville, Michigan
EPA ID# MID099124299
Cyanide Treatment Tanks



Stanley Tools - Fowlerville
Fowlerville, Michigan
EPA ID# MID099124299
Clarifier - Treatment Area

566

Stanley Tools - Fowlerville
Fowlerville, Michigan
EPA ID# MID099124299
Chromium Treatment System

Stanley Tools - Fowlerville
Fowlerville, Michigan
EPA ID# MID099124299
Neutralization Basin -
Treatment Area

Stanley Tools - Fowlerville
Fowlerville, Michigan
EPA ID# MID099124299
Lagoons - Storage Area

Do not make entries in shaded areas — OMB #: 2050-0024 Expires: 12-31-86

ENVIRONMENTAL PROTECTION AGENCY

FACILITY BIENNIAL HAZARDOUS WASTE REPORT FOR 1983

This report is for the calendar year ending December 31, 1983.
Read All Instructions Carefully Before Making Any Entries on Form

I. NON-REGULATED STATUS

See instructions before completing this section.

This facility did not treat, store, or dispose of regulated quantities of hazardous waste at any time during 1983. . . . . ☐

Explain your non-regulated status in the space below.

Please print/type with elite type (12 characters per inch)

II. FACILITY EPA I.D. NUMBER

T/A C

F MID099124299 1

1 2 13 14 15

This Facility's Non-Regulated Status is Expected to Apply:

☐ For 1983 Only ☐ Permanently ☐ Other (explain in comment section)

C303 ENTRY (OFFICIAL USE ONLY): ☐

III. NAME OF FACILITY

STANLEY TOOLS FOWLERVILLE

30 69

IV. FACILITY MAILING ADDRESS

3 425 FRANK STREET

15 16 45

Street or P.O. Box

4 FOWLERVILLE MI 48836

15 16 41 42 47 51

City or Town State Zip Code

V. LOCATION OF FACILITY (if different than section IV above)

5

15 16 45

Street or Route number

6

15 16 41 42 47 51

City or Town State Zip Code

VI. FACILITY CONTACT

2 STOCK ALBERT M

15 16 45

Name (last and first)

517-223-9154

46 55

Phone No. (area code & no.)

VII. COST ESTIMATES FOR FACILITIES

$ 205,618

16 19 22

A. Cost Estimate for Facility Closure

$, ,

25 28 31

B. Cost Estimate for Post Closure Monitoring and Maintenance (disposal facilities only)

VIII. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

E.A. CARPENTIER	PLANT MGR.	E.A. Carpentier	FEBR. 8, 1984
Print/Type Name	Title	Signature of Authorized Representative	Date Signed

EPA Form 8700-13B(5-80) (Revised 11-83)

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Do not make entries in shaded areas

ENVIRONMENTAL PROTECTION AGENCY

Facility Biennial Hazardous Waste Report for 1983 (cont.)

This report is for the calendar year ending December 31, 1983.

Date rec'd: ________ Rec'd by: ________

IX. FACILITY'S EPA I.D. NO.

T/A C

F MID091242991 1

X. GENERATOR'S EPA I.D. NO.

G MID091242991

XI. GENERATOR NAME (specify generator from whom all wastes on this page were received)

STANLEY TOOLS ON-SITE ☒

XII. GENERATOR ADDRESS

XIII. TOTAL WASTE IN STORAGE ON DECEMBER 31, 1983 (complete this section only once for your facility)

S01 ____ AMOUNT OF WASTE ____ UOM
S02 ____ AMOUNT OF WASTE ____ UOM
S03 ____ AMOUNT OF WASTE ____ UOM
S04 836 AMOUNT OF WASTE T UOM
S05 ____ AMOUNT OF WASTE ____ UOM

XIV. WASTE IDENTIFICATION

Sequence #	Line #	A. Description of Waste	B. EPA Hazardous Waste No. (see instructions)	C. Handling Method	D. Amount of Waste	E. Unit of Measure
	1	Waste Water Treatment Sludge	F006	D80	382	T
	2	Spent Cleaner & Strippers	F009	D80	115	T
	3	Chromic Acid Waste	F006	D80	17	T
	4	Nickel Waste	F006	D80	22	T
	5	Cyanide Waste	F007	D80	3	T
	6	Zinc Sludge	F006	D80	3	T
	7					
	8					
	9					
	10					
	11					
	12					

XV. COMMENTS (enter information by section number—see instructions)

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Do not make entries in shaded ar

OMB #: 2050-0024 Expires: 12-31-86

ENVIRONMENTAL PROTECTION AGENCY

GENERATOR BIENNIAL HAZARDOUS WASTE REPORT FOR 1983

This report is for the calendar year ending December 31, 1983.
Read All Instructions Carefully Before Making Any Entries on Form

I. NON-REGULATED STATUS

Complete this section only if you did not generate regulated quantities of hazardous waste at any time during the 1983 calendar year. Circle the one code at right that best describes your status during the entire year (see instructions for explanation of codes).

1 Non-handler
2 Small Quantity Generator
4 Exempt
5 Beneficial Use
9 Closed

Please print/type with elite type (12 characters per inch)

II. GENERATOR'S EPA I.D. NUMBER

T/A C

F M I D 0 9 9 1 2 4 2 9 9 1

1 2 13 14 15

3 1 5 D

This Installation's Non-Regulated Status is Expected to Apply:

☐ For 1983 Only ☐ Permanently

☐ Other _____

C303 ENTRY (OFFICIAL USE ONLY): ☐

III. NAME OF INSTALLATION

S T A N L E Y T O O L S - F O W L E R V I L L E

30 69

IV. INSTALLATION MAILING ADDRESS

3 4 2 5 F R A N K S T R E E T

15 16 45

Street or P.O. Box

4 F O W L E R V I L L E M I 4 8 8 3 6

15 16 41 42 47 51

City or Town State Zip Code

V. LOCATION OF INSTALLATION (if different than section IV above)

5

15 16 45

Street or Route number

6

15 16 41 42 47 51

City or Town State Zip Code

VI. INSTALLATION CONTACT

2 S T O C K A L B E R T M

15 16 45

Name (last and first)

5 1 7 - 2 2 3 - 9 1 5 4

46 55

Phone No. (area code & no.)

VII. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

E.A. CARPENTIER	PLANT MGR.	E.A. Carpentier	FEBR. 8, 1984
Print/Type Name	Title	Signature of Authorized Representative	Date Signed

EPA Form 8700-13A(5-80) (Revised 11-83)

Page 1 of ____

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Do not make entries in shaded area

ENVIRONMENTAL PROTECTION AG. CY

Generator Biennial Hazardous Waste Report for 1983 (cont.)

This report is for the calendar year ending December 31, 1983.

Date rec'd: Rec'd by:

VIII. GENERATOR'S EPA I.D. NO.

G M I D 0 9 9 1 2 4 2 9 9 T/A C 1

1 2 13 14 15

IX. FACILITY NAME (specify facility to which all wastes on this page were shipped)

CHEM-MET SERVICES

X. FACILITY'S EPA I.D. NO.

F M I D 0 9 6 9 6 3 1 9 4

16 28

XI. FACILITY ADDRESS

1855 ALLEN ROAD
WYANDOTTE, MI. 48192

XII. TRANSPORTATION SERVICES USED

CHEM-MET SERVICES
1855 ALLEN ROAD
WYANDOTTE, MI. 48192

EPA I.D. No.
MID 096963194

XIII. WASTE IDENTIFICATION

Sequence #	Line #	A. Description of Waste	B. DOT Hazard code	C. EPA Hazardous Waste No. (see instructions)	D. Amount of Waste	E. Unit of Measure
29 32	1	Waste Water Treatment Sludge	1 5 (33 34)	F 0 0 6 (35 38) (39 42) (43 46) (47 50)	3 8 2 (51 59)	T (60)
	2	Spent Cleaner & Strippers	1 5	F 0 0 9	1 1 5	T
	3					
	4					
	5					
	6					
	7					
	8					
	9					
	10					
	11					
	12					

XIV. COMMENTS (enter information by section number—see instructions)

Page ____ of ____

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Do not make entries in shaded areas

ENVIRONMENTAL PROTECTION AGENCY

Generator Biennial Hazardous Waste Report for 1983 (cont.)

This report is for the calendar year ending December 31, 1983.

Date rec'd: _____ Rec'd by: _____

VIII. GENERATOR'S EPA I.D. NO.

T/A C

G M I D 0 9 9 1 2 4 2 9 9 1 1

1 2 13 14 15

IX. FACILITY NAME (specify facility to which all wastes on this page were shipped)

NELSON INDUSTRIAL SERVICES

X. FACILITY'S EPA I.D. NO.

F M I D 0 9 8 0 1 1 9 9 2

16 28

XI. FACILITY ADDRESS

1234 SCHAEFER HWY.
DETROIT, MI. 48227

XII. TRANSPORTATION SERVICES USED

NELSON INDUSTRIAL SERVICES
1234 SCHAEFER HWY.
DETROIT, MI. 48227

EPA I.D. NO.
MID 098011992

XIII. WASTE IDENTIFICATION

Sequence #	Line #	A. Description of Waste	B. DOT Hazard code	C. EPA Hazardous Waste No. (see instructions)	D. Amount of Waste	E. Unit of Measure
29 32	1	Chromic Acid Waste	02 (33 34)	F006 (35 38 / 39 42 / 43 46 / 47 50)	17 (51 59)	T (60)
	2	Nickel Waste	15	F006	22	T
	3	Cyanide Waste	18	F007	3	T
	4	Zinc Sludge	15	F006	3	T
	5					
	6					
	7					
	8					
	9					
	10					
	11					
	12					

XIV. COMMENTS (enter information by section number—see instructions)

Page ____ of ____

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